

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000291

FILED
Mar 19, 2012
Secretary of State

Entity Name: LAKE WALES MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

410 SOUTH 11TH STREET
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

410 SOUTH 11TH STREET
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3134978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, MARTHA B
1053 SUNSET DRIVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTHA B. CARTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: CRAMER, ROBERT L
Address: 300 E. TILLMAV AVE. #4
City-St-Zip: LAKE WALES, FL 33853

Title: DS
Name: VAN DELLEN, BETTY
Address: 2901 KAYWORTH ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: DP
Name: CARTER, MARTHA B
Address: 1053 SUNSET DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: DVP
Name: WALDROP, BARBARA A
Address: 1599 CYPRESS LAKE ROAD
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETTY VAN DELLEN

DS

03/19/2012

Electronic Signature of Signing Officer or Director

Date